FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

OTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

1170334

OMB APP	PROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	age burden
hours per respor	nse 16.00

SEC US	E ONLY
Prefix	Serial
DATE RE	CEIVED
1	1

Name of Offering (check if this is an amendment and name has changed, and indicate change.) REMINGTON SECURITY LLC \$2 MILLION OFFERING	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULC Type of Filing: New Filing Amendment	OE
A. BASIC IDENTIFICATION DATA	1. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	03004732
REMINGTON SECURITY LLC	
	phone Number (Including Area Code) 865-7875
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	phone Number (Including Area Code)
Brief Description of Business	
HOME SECURITY PROVIDER	
Type of Business Organization corporation business trust limited partnership, already formed limited partnership, to be formed limited liability c	cify): PROCESSED company, already formed
Actual or Estimated Date of Incorporation or Organization: Actual Capture Actual Capture Actual Capture Captur	JAN 2 / 2003
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	THOMSON FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- attention -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner SEE THE ATTACHED ANNEX A FOR INFORMATION REGARDING THE ISSUER'S PROMOTERS, OWNERS AND OFFICERS Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner **Executive Officer** Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner **Executive Officer** General and/or Promoter Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	BOUT OFFERING									
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?	Yes No									
2. What is the minimum investment that will be accepted from any individual?										
3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) NONE. Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)										
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commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) NONE. Business or Residence Address (Number and Street, City, State, Zip Code) States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA HI III III IN IA KS KY LA ME MD MA MI MM MS MM MT NE NV NH NJ NM NY NC ND OH OK OR PRIL SC SD TN TX UT VT VA WA WA WV WI WY PRIL NAME (Check "All States" or check individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)										
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Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)	ode)									
Name of Associated Broker or Dealer										
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers										
(Check "All States" or check individual States)										
IL IN IA KS KY LA ME MD MA MI MN MS M MT NE NV NH NJ NM NY NC ND OH OK OR P	E MD MA MI MN MS MO Y NC ND OH OK OR PA									

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Convertible Securities (including warrants) Convertible Securities (including warrants) Partnership Interests \$ 0.00 Other (Specify LLC Membership Interests) Total Answer also in Appendix, Column 3, if filling under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Investors Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Type of Offering Rule 505 Regulation A Rule 504 Total 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	e	Amount Already Sold 0.00 0.00
Equity	0 \$_ 0 \$_ 0 \$_ 0 \$_	
Convertible Securities (including warrants) Convertible Securities (including warrants) Partnership Interests \$ 0.00 Other (Specify LLC Membership Interests) Total Answer also in Appendix, Column 3, if filling under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Investors Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Type of Offering Rule 505 Regulation A Rule 504 Total 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	0 \$_ 0 \$_ 0 \$_	0.00
Convertible Securities (including warrants) Partnership Interests \$ 0.00 Other (Specify LLC Membership Interests) Total Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Investors Accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Offering Rule 505 Regulation A Rule 504 Total 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	0 \$_ 0 \$_	
Partnership Interests \$ 0.00 Other (Specify LLC Membership Interests } \$ 2.000,000.00 Total	0 \$_ 0 \$_	
Other (Specify LLC Membership Interests) \$ 2,000,000.00 Total \$ 2,000,000.00 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Investors	0 \$_	0.00
Total		0.00
Total	<u> </u>	0.00
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Investors		0.00
offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Investors		- FALLOW - CONTROL - CONTR
Non-accredited Investors		Aggregate Dollar Amount of Purchases
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Type of Offering Rule 505 Regulation A Rule 504 Total 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	<u>o</u> \$	0.00
Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Type of Offering Rule 505 Regulation A Rule 504 Total 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	0 \$	0.00
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Type of Offering Rule 505 Regulation A Rule 504 Total 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	0 \$	0.00
sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Type of Offering Security Rule 505 Regulation A Rule 504 Total 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Type of Offering Rule 505 Regulation A Rule 504 Total 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Regulation A Rule 504 Total 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		Dollar Amoun Sold
A. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	\$	<u>;</u>
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	\$	S
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	\$	ò
securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	\$	1
Transfer Agent's Fees		
ATHERISTON (ABOUT 5 TOOS	S \$_	0.00
Printing and Engraving Costs	S \$_	0.00
	 ∑ \$	10,000.00
Accounting Fees	₹ \$	5,000.00
	 	0.00
	_	0.00
	_	0.00
Total		15,000.00

5.	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer." Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for an check the box to the left of the estimate. The total of	Question 4.a. This difference is the "adjusted occeed to the issuer used or proposed to be used purpose is not known, furnish an estimate the payments listed must equal the adjusted a	gross ed for and		\$ <u>1,985,00</u> 0.00
	proceeds to the issuer set forth in response to Par	t C—Question 4.b above.		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees				\$
	Purchase of real estate		🔲 \$		\$
	Purchase, rental or leasing and installation of mac and equipment		П		□s
	Construction or leasing of plant buildings and fac				□ \$
	Acquisition of other businesses (including the val offering that may be used in exchange for the asset issuer pursuant to a merger)	ets or securities of another	[T] s		s
	Repayment of indebtedness				
	Working capital		= s		X\$1,985,000.00
	Other (specify):		<u> </u>		<u></u> \$
			<u> </u> \$		<u> </u>
	Column Totals		🔲 \$		X \$ 1,985,000.00
	Total Payments Listed (column totals added)		•••••	X \$1,	985,000.00
		D. FEDERAL SIGNATURE	2 N	TRANK,	
sig	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Co	mmissio	n, upon writte	
Iss	ter (Print or Type)	Signature	Dat	_	
RE	MINGTON SECURITY LLC	ma C	'	January 1	14, 2003

- ATTENTION -

Title of Signer (Print or Type)

PRESIDENT_

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

Name of Signer (Print or Type)

MARK KATKO

		E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262 proprovisions of such rule?	resently subject to any of the disqualification Yes No
	See A	ppendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to fu D (17 CFR 239.500) at such times as require	urnish to any state administrator of any state in which this notice is filed a notice on Formed by state law.
3.	The undersigned issuer hereby undertakes to issuer to offerees.	furnish to the state administrators, upon written request, information furnished by the
4.	limited Offering Exemption (ULOE) of the st	suer is familiar with the conditions that must be satisfied to be entitled to the Uniform tate in which this notice is filed and understands that the issuer claiming the availability ning that these conditions have been satisfied.
	er has read this notification and knows the contection and knows the contection.	ents to be true and has duly caused this notice to be signed on its behalf by the undersigned
·	Print or Type) GTON SECURITY LLC	Signature Date January 14, 2003
	Print or Type)	Title (Print or Type)
MARK	KATKO	PRESIDENT

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

100				APP	ENDIX		in a state of the		
1	Intend to non-a investor	2 to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									_
AK									
AZ									
AR									
CA									
со							:		
СТ									
DE				_					
DC	_								
FL									
GA				_					
ні									
ID									
IL									
IN									
IA									
KS		***			'				
KY									
LA				_					
ME									
MD									
MA									
MI		×	LLC Membership Interests\$2,000,000	0	\$0.00	0	\$0.00	<u> </u>	×
MN		×	LLC Membership Interests\$2,000,000	0	\$0.00	0	\$0.00		×
MS									

المهلالين APPENDIX 1 3 4 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach Type of investor and to non-accredited offering price explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount Investors Amount Yes No MO MT NE NVNH NJ NM NY NC ND LLC Membership Interests--\$2,000,000 X X 0 ОН 0 \$0.00 \$0.00 OK OR LLC Membership Interests--\$2,000,000 X X PA 0 \$0.00 0 \$0.00 RΙ SCSD TN TXUT VT VA WA wv

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1.1	C Addy (**)	MOCHETY PER		APPE	ENDIX			Contraga deligati	THE RESERVE OF THE PARTY OF THE
1	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 f investor and irchased in State t C-Item 2)		under St (if yes explan waiver	lification ate ULOE, attach action of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
PR									

ANNEX A BASIC IDENTIFICATION DATA

The promoters, beneficial owners, executive officers and managers of the issuer are as follows:

Title/Position:

Promoter/Executive Officer (President, Chief Executive Officer and

Assistant Secretary)

Full Name:

Katko, Mark

Business Address:

1540 South Holland-Sylvania Road, Suite 201, Maumee, Ohio 43537

Title/Position:

Promoter/Executive Officer (Executive Vice President and Secretary)

Full Name:

Teague, Ronald

Business Address:

1540 South Holland-Sylvania Road, Suite 201, Maumee, Ohio 43537

Title/Position:

Promoter/Executive Officer (Vice President)

Full Name:

Smith, Michael

Business Address:

1540 South Holland-Sylvania Road, Suite 201, Maumee, Ohio 43537

Title/Position:

Promoter/Beneficial Owner/Executive Officer (Manager)

Full Name:

LaClede LLC

Business Address:

1540 South Holland-Sylvania Road, Suite 201, Maumee, Ohio 43537

The managers, beneficial owners and executive officers of LaClede LLC are as follows:

Title/Position:

Manager/Beneficial Owner/Executive Officer

Full Name:

Katko, Mark

Business Address:

1540 South Holland-Sylvania Road, Suite 201, Maumee, Ohio 43537

Title/Position:

Manager/Beneficial Owner/Executive Officer

Full Name:

Teague, Ronald

Business Address:

1540 South Holland-Sylvania Road, Suite 201, Maumee, Ohio 43537

Title/Position:

Manager/Beneficial Owner/Executive Officer

Full Name:

Smith, Michael

Business Address:

1540 South Holland-Sylvania Road, Suite 201, Maumee, Ohio 43537

Title/Position:

Manager/Beneficial Owner/Executive Officer

Full Name:

Otte, James L.

Business Address:

1540 South Holland-Sylvania Road, Suite 201, Maumee, Ohio 43537

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